POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

A. PURPOSE: To establish a method to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.

B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs). T/RBHAs must ensure that all OBHL licensed Level I subcontracted providers adhere to the requirements of this policy.

C. POLICY: ADHS has established guidelines for the development and reporting of medical care evaluation studies and ensures that each T/RBHA has a review process in place to confirm that required Medical Care Evaluation (MCE) Studies are undertaken, completed, analyzed, and utilized to improve care.

D. REFERENCES: 42 CFR 456.141-145
42 CFR 456.241-245
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/Tribal Intergovernmental Agreements

E. PROCEDURES:

1. Responsibilities and Requirements

a. The T/RBHAs shall ensure that the following Title XIX certified inpatient facilities with which the T/RBHA subcontracts has at least one MCE study in progress and an additional MCE study completed annually:

(1) Inpatient hospitals;

(2) Mental hospitals; and

(3) Residential treatment centers and sub-acute facilities accredited by the Joint Commission on Accreditation of Health Organizations (JCAHO), the Council on Accreditation for Children and Family Services (COA) or the Council on Accreditation of Rehabilitation Facilities (CARF).

b. The standard study period for MCE studies starts on July 1 of each year through June 30th of the succeeding year. Deviations from this study period and all longitudinal studies shall be pre-approved by the ADHS Bureau of Quality

Management and Evaluation prior to initiation. Any request for exemption shall be in writing and received by ADHS/DBHS within two (2) weeks from the date the T/RBHA received the provider MCE Request for Registration.

c. If the facility is located outside the region covered by the contracting T/RBHA, then the contracting T/RBHA shall execute a written reciprocity agreement (see Attachment 1, Sample Reciprocity Agreement) with the T/RBHA within whose geographic boundaries the facility is located (home T/RBHA).

d. If the facility is located outside the region covered by the contracting T/RBHA, and the home T/RBHA does not hold a contract with the facility, then the contracting T/RBHA shall serve as the home T/RBHA and is responsible for ensuring the conduct and completion of the MCE studies. If there is more than one T/RBHA concerned, contracting T/RBHAs may collaborate to choose a new home T/RBHA.

e. If the home T/RBHA holds a contract with a facility within its region, and its contract is terminated during the study period, the home T/RBHA must notify in writing ADHS/DBHS and all other T/RBHAs with which an MCE reciprocity agreement has been executed within five (5) working days. Failure to notify ADHS/DBHS and other T/RBHAs will result in holding the home T/RBHA responsible for completion of the MCE studies.

f. Upon receipt of notification, the contracting T/RBHA outside of the region then becomes responsible for conducting the MCE study. Necessary steps to ensure continuation of the study shall be undertaken by the contracting T/RBHA within ten (10) working days from receipt of notice. If there is more than one T/RBHA concerned, T/RBHAs may collaborate to choose a new home T/RBHA. In such instances, a reciprocity agreement with the new home T/RBHA shall be executed and reported to ADHS/DBHS within five (5) working days from execution of the reciprocity agreement.

g. In the event that there is a reciprocity agreement, the home T/RBHA is responsible for providing a copy of the completed MCE study report to each contracting T/RBHA which holds an MCE reciprocity agreement within five (5) working days of receipt of the report from the provider facility.

h. The Medical Director of each contracting T/RBHA that holds an MCE reciprocity agreement reviews the completed MCE and provides written comment to the home T/RBHA within two (2) weeks of receipt of the MCE study report.

i. The home T/RBHA communicates comments and recommendations resulting from the home T/RBHA Medical Director's review of the MCE study report to the provider facility. The home T/RBHA shall also forward any comments or recommendations received from contracting T/RBHAs outside of the region to the provider facility.

j. If a T/RBHA provides Title XIX certified inpatient hospital, mental hospital, residential treatment center or sub-acute services, then the home T/RBHA Quality Management or Utilization Review Committee determines the methods to be used in selecting and conducting medical care evaluation studies in the facility. For T/RBHA subcontracted providers that provide Title XIX certified inpatient hospital, mental hospital, residential treatment center or sub-acute services, the subcontracted provider Quality Management or Utilization Review Committee determines the methods to be used in selecting and conducting medical care evaluation studies in the subcontracted provider facility. In either case, the selection of the MCE study is the responsibility of the facility that provides the service.

k. Each Medical Care Evaluation Study shall:

(1) Identify and analyze medical or administrative factors related to the subcontracted provider facility's patient care;

(2) Include analysis of at least one of the following: admissions, duration of stay, ancillary services provided including drugs and biologicals, professional services performed;

(3) If indicated, contain recommendations for changes beneficial to patients, staff, the facility, and the community; and

(4) Use data obtained from one or more of the following sources: medical records or other appropriate subcontracted provider facility data; design profiles and produce other comparative data; and/or cooperative endeavors with Peer Review Organizations, fiscal agents, other service providers or other appropriate agencies. Secondary data sources, such as external organizations that compile statistics, may be utilized to supplement the above referenced data sources.

l. Each subcontracted provider facility shall document the results of each study as well as how the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services.

m. Each subcontracted provider facility shall analyze its findings for each study and take action as needed to correct or investigate further any deficiencies or problems in the review process for admissions or continued stay cases.

n. Each subcontracted provider facility shall recommend, as appropriate, more effective and efficient facility care procedures or designate certain providers or categories of admissions for review prior to admission.

o. The home or contracting T/RBHA Medical Director and the T/RBHA Quality Management or Utilization Review Committee shall review and approve each proposed Medical Care Evaluation Study to assure that studies are meaningful and that the study methodology is sound.

2. Documentation and Reporting of Studies

a. For Medical Care Evaluation Studies in process during a year:

(1) By May 31st of each year, each subcontracted inpatient hospital, mental hospital, residential treatment center or sub-acute facility provider shall submit a Medical Care Evaluation Study Request For Registration Form for the upcoming state fiscal year to the home T/RBHA (see Attachment 2, Medical Care Evaluation Study Request For Registration).

(2) By June 30th of each year, the home T/RBHA shall have reviewed and approved all provider facility MCE Requests for Registration.

b. For Medical Care Evaluation Studies completed during the year:

(1) By October 1st of each year, the home T/RBHA shall submit a Summary of MCE Methodology Form to the ADHS/DBHS Bureau of Quality Management and Evaluation, for all current MCE studies (see Attachment 3, Summary of MCE Methodology). In addition, the home T/RBHA shall submit a Reciprocity Agreement List that contains the following information: (a) Topic of Study; (b) Name of Provider Facility; (c) AHCCCS Provider ID Number; and (d) Name of T/RBHA with whom the home T/RBHA entered an MCE Reciprocity Agreement.

(2) Each subcontracted inpatient hospital, mental hospital, residential treatment center, or sub-acute facility provider shall submit a final MCE study report to the home T/RBHA by July 31 of each year. The report shall be in a format prescribed by the home T/RBHA, and shall contain the final results of the

MCE Study. The final results shall include an in-depth analysis and narrative of how the subcontracted provider facility plans to use the information to improve care.

(3) Annually, by September 1st, each home T/RBHA shall submit an abstract of the study results and recommendations to ADHS/DBHS using the Medical Care Evaluation T/RBHA Review of Final Results form (see Attachment 4, Medical Care Evaluation—T/RBHA Review of Final Results).

c. Instructions for the completion of the required forms pertaining to the MCE studies are included in Attachment 5.

d. ADHS/DBHS, on a case-by-case basis, may request the T/RBHA to provide additional information regarding the implementation of provider facility quality improvement plans developed as a result of MCE study findings. In this case, the manner of reporting will be prescribed at the time the request is made.

e. T/RBHAs shall maintain copies of all MCE-related documents, including MCE Requests for Registration, MCE Reciprocity Agreements, final MCE study reports, and MCE-related correspondence with provider facilities or other T/RBHAs, to be available on request for ADHS/DBHS review.

f. The T/RBHA analysis of the MCE Studies and the ADHS/DBHS commentary/summary shall be made available for review by AHCCCS annually upon request.

g. Annually, by October 1st, the ADHS Bureau of Quality Management and Evaluation will present a summary of the Medical Care Evaluation Studies to the ADHS/DBHS Quality Management Committee.

F. APPROVED BY:

Leslie Schwalbe Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Jerry L. Dennis, M.D. Date
Medical Director
Arizona Department of Health Services
Division of Behavioral Health Services

Attachment 1: Reciprocity Agreement

Name of RBHA or TRBHA
Street Address
City, State, Zip
Phone Number, Fax Number

Date

Name of QM Coordinator
Name of RBHA/TRBHA
Address of RBHA/TRBHA
City, State, Zip

On the basis of (name of home RBHA/TRBHA) status as Home RBHA/TRBHA, we would like to elicit your agreement that our use of (name of facility/facilities) will be monitored for Medical Care Evaluation Study activities through the (name of home RBHA/TRBHA) Quality Management program, as per DBHS Policy 2.56.

By consenting to this agreement, (name of home RBHA/TRBHA) also agrees to provide (name of RBHA/TRBHA eliciting agreement) with a copy of the completed MCE reports for the facility/facilities listed above, within five (5) working days of their receipt. As per DBHS Policy 2.56, (Name of RBHA/TRBHA eliciting agreement) will provide (name of home RBHA/TRBHA) with written comments on all forwarded MCE reports within two (2) weeks of their receipt from (name of home RBHA/TRBHA). (Name of home RBHA/TRBHA) shall forward these comments to the provider facility.

In the event that the contract of [Name of T/RBHA] with [Facility Name] is terminated, per ADHS Policy 2.56, [Name of home T/RBHA] shall notify [Name of RBHA eliciting MCE Reciprocity Agreement] in writing about the contract termination that in effect invalidates this agreement.

_____ _____
CEO of RBHA/TRBHA eliciting agreement Date

_____ _____
Medical Director of RBHA/TRBHA eliciting agreement Date

I am in agreement with the conditions for the MCE activity.

_____ _____
Home RBHA/TRBHA CEO Date

_____ _____
Home RBHA/TRBHA Medical Director Date

Please return to: Name of RBHA/TRBHA eliciting agreement
Address
City, State, Zip

Attachment 2

NAME OF RBHA OR TRBHA
MEDICAL CARE EVALUATION (MCE) STUDY
REQUEST FOR REGISTRATION
(see instructions pertaining to form completion)

NAME OF FACILITY: _____

PROVIDER ID #: _____

POPULATION: SMI ☐ GMH/SA ☐ CHILDREN ☐

LEVEL OF FACILITY: INPATIENT HOSPITAL ☐ MENTAL HOSPITAL ☐
RTC ☐ SUB-ACUTE HOSPITAL ☐

MCE Study Period: From: _____ **To:** _____

I. TITLE OF STUDY:

II. DESCRIPTION OF STUDY:

III. RATIONALE

1. Discuss the reasons for selection of the study topic (i.e., underlying problems or concerns that led to the choice of this topic).

2. State the significance (usefulness) of this study. Include references or theoretical framework used in conceptualizing the study topic.

3. Identify the components of quality to be assessed by this evaluation:

▪ accessibility of care ▪ appropriateness of care ▪ continuity of care
▪ effectiveness of care ▪ efficacy of care ▪ efficiency of care
▪consumer perspective ▪ safety of care environment ▪ timeliness of care

Provider/Facility Approved by:_____ Date:_____

RBHA/TRBHA Review:

Will the proposed study serve to identify and analyze medical or administrative factors related to patient care?

Yes ☐ No ☐

Does the proposed MCE study use a sound study methodology?

Yes ☐ No ☐

Is the proposed MCE study approved by the T/RBHA?

Yes ☐ No ☐

Approved by T/RBHA QM/UR Committee: _____ _____

_____ _____

_____ _____

_____ _____

Date:_____

Approved by T/RBHA Medical Director:_____

Date:_____

No Additional Information needed:_____
_____
_____

Attachment 3

NAME OF T/RBHA

SUMMARY OF MCE METHODOLOGY
(see instructions pertaining to form completion)

NAME OF FACILITY:_____

PROVIDER ID #:_____

POPULATIONS: ▪SMI ☐ CHILDREN ☐ SA/GMH ☐

LEVEL OF FACILITY: INPATIENT HOSPITAL ☐ MENTAL HOSPITAL ☐
RTC ☐ SUB-ACUTE FACILITY ☐

MCE STUDY PERIOD: FROM:_____ TO:_____

I. TITLE OF STUDY:

II. DESCRIPTION OF STUDY:

III. DEFINITION OF VARIABLES:

IV. RATIONALE

1. Basis of Study:

2. Significance of Study and References:

3. Identify the components of quality that are assessed by this evaluation:

▪accessibility of care ☐▪appropriateness of care☐▪ continuity of care☐
▪effectiveness of care ☐▪efficacy of care☐ ▪efficiency of care☐

▪consumer perspective □▪safety of care environment□▪timeliness of care□

V. STUDY POPULATION:

VI. SAMPLING METHODOLOGY AND SAMPLE SIZE:

VII. DATA COLLECTION METHODOLOGY:

VIII. ANALYTICAL METHODS:

IX. REMARKS:

Attachment 4

NAME OF T/RBHA
FY____MEDICAL CARE EVALUATION (MCE)
T/RBHA REVIEW OF FINAL RESULTS
(See instructions pertaining to form completion)

Facility:_____Provider ID #_____

Title of Study:_____ Study Period:_____

STUDY ABSTRACT
DESCRIPTION OF STUDY: **STUDY RESULTS:** **DISCUSSION:** **OPPORTUNITIES FOR QUALITY IMPROVEMENT:**

T/RBHA REVIEW:

Does the study report include an in depth analysis of findings? Yes ☐ No ☐

Does the study report include specific information regarding how the subcontracted provider facility will use the information to improve the quality of care and promote more effective and efficient use of facilities and services? Yes ☐ No ☐

MEDICAL DIRECTOR'S RECOMMENDATIONS:

RECOMMENDATIONS

MEDICAL DIRECTOR'S SIGNATURE:_____
DATE:_____

Attachment 5

Instructions for the Completion of Medical Care Evaluation Study Forms

This document provides instructions for completion of the three Medical Care Evaluation Study Forms prescribed in DBHS Policy 2.56 (Medical Care Evaluation Studies). Sections of the policy which relate to individual items on the forms are noted where appropriate.

FORM: REQUEST FOR REGISTRATION (DBHS Policy 2.56, Section E.2.a.) (see Attachment 2)

NAME OF FACILITY: Write the complete name of the facility for which the MCE is being conducted.

PROVIDER ID #: Write the DBHS Provider ID # of the facility for which the MCE is being conducted.

POPULATION: Check a box for each client type (SMI; children; SA/GMH) which is represented in the study population. More than one box can be checked if more than one of these client types are included in the study population.

LEVEL OF FACILITY: Check the appropriate box for facility type: Inpatient hospital, mental hospital, RTC, or sub-acute facility.

MCE Study Period: Document the month/day/year of the beginning and end date of the study period. The standard study period for MCE studies is from July 1 to June 30 of each year. All deviations, including longitudinal studies, shall be approved by DBHS. (DBHS Policy 2.56, Section E.1.b.)

I. **TITLE OF STUDY:** Provide a brief title for the study which is descriptive of the study topic (e.g., "Readmission within 30 days"). This title should be consistently used in all MCE forms completed for the study.

II. **DESCRIPTION OF STUDY:** Describe briefly what is being examined in the study. Include any benchmarks or thresholds set, as well as any hypotheses being tested.

III. RATIONALE:
   1. Discuss the reasons for selection of the study topic (i.e., underlying problems or concerns that led to the choice of this topic).
   2. State the significance (usefulness) of this study. Include references or theoretical framework used in conceptualizing the study topic. List any references which were considered in developing the study framework. References could include journal articles or other published literature which support the study hypothesis/theoretical assumptions, or which describe similar or related studies. Other factors which contributed to the selection of the current study topic (e.g., the impressions of staff regarding a perceived relationship between variables; the results of prior studies completed by the facility) may also be included as references.
   3. Identify the components of quality that are assessed by this evaluation. (Check all applicable boxes.)

Provider/Facility Approved by: The Request for Registration should be approved, signed and dated by the provider employees who has responsibility for submitting it to the T/RBHA for review.

T/RBHA Review: (DBHS Policy 2.56, Section E.1.o.)

Will the proposed study serve to identify and analyze medical or administrative factors related to patient care?: Check the appropriate box.

Does the Proposed MCE study use a sound study methodology?: Check the appropriate box.

Is the proposed MCE study approved by the T/RBHA?: Check the appropriate box.

▪**Yes:** If the Request for Registration has been approved by the T/RBHA, the T/RBHA Medical Director and appropriate QM/UR Committee representatives should sign and date the form in the space provided.

▪**No: Additional Information Needed:** If the Request for Registration has not been approved by the T/RBHA, indicate the additional information or changes needed prior to T/RBHA approval, and inform the facility which submitted the request.

Instructions for the Completion of Medical Care Evaluation Study Forms

FORM: SUMMARY OF MCE METHODOLGY (DBHS Policy 2.56, Section E.2.b.) (see Attachment 3)

NAME OF FACILITY: Write the complete name of the facility for which the MCE is being conducted.

PROVIDER ID #: Write the DBHS Provider ID # of the facility for which the MCE is being conducted.

POPULATION: Check a box for each client type (SMI; children; SA/GMH) which is represented in the study population. More than one box can be checked if more than one of these client types are included in the study population.

LEVEL OF FACILITY: Check the appropriate box for facility type: Inpatient hospital, mental hospital, RTC, or sub-acute facility.

MCE Study Period: Document the month/day/year of the beginning and end date of the study period. The standard study period for MCE studies is from July 1 to June 30 of each year. All deviations, including longitudinal studies, shall be approved by DBHS. (DBHS Policy 2.56, Section E.1.b.)

I. **TITLE OF STUDY:** Provide a brief title for the study which is descriptive of the study topic (e.g., "Readmission within 30 days"). This title should be consistently used in all MCE forms completed for the study.

II. **DESCRIPTION OF STUDY:** Describe briefly what is being examined in the study. Include any benchmarks or thresholds set, as well as any hypotheses being tested

III. **DEFINITION OF VARIABLES:** List/describe the key variables being examined in the study. Variables are measured characteristics or attributes that may differ for individual clients or situations. MCE study variables could include things like client characteristics (e.g., age, ethnicity, diagnosis, TXIX status, etc), characteristics of the treatment provided (e.g., length of stay, number of counseling sessions provided, dosage of medication administered, type of discharge, etc), or system/organizational attributes.

IV. **RATIONALE:**

1. Discuss the reasons for selection of the study topic (i.e., underlying problems or concerns that led to the choice of this topic).
2. State the significance (usefulness) of this study. Include references or theoretical framework used in conceptualizing the study topic. List any references which were considered in developing the study framework. References could include journal articles or other published literature which support the study hypothesis/theoretical assumptions, or which describe similar or related studies. Other factors which contributed to the selection of the current study topic (e.g., the impressions of staff regarding a perceived relationship between variables; the results of prior studies completed by the facility) may also be included as references.
3. Identify the components of quality that are assessed by this evaluation. (Check all applicable boxes.)

V. **STUDY POPULATION:** Describe the type of patients included in the study population. The description should go beyond broad categories (i.e. SMI, SA/GMH, Children), and include all attributes or circumstances characteristic of the study population (e.g., all patients who were readmitted within 30 days; all clients receiving anti-psychotic medications; TXIX population; etc.)

VI. **SAMPLING METHODOLOGY AND SAMPLE SIZE:** Identify the sampling methodology,

which includes the method (e.g., random; convenience; representative; 100% of population; etc.), sample period (e.g., all clients who entered the program between July 1 and October 31; etc.), and the sample size.

VII. **DATA COLLECTION METHODOLOGY:** Identify the sources from which the data will be obtained (e.g., intake documents, medical record, interviews, surveys, doctor's orders, nursing notes, etc.); who will collect data (e.g., facility personnel or consultant); and frequency of collection (e.g., monthly retrospective chart reviews, etc.). Describe any tools/instruments to be used (e.g., assessment instruments, satisfaction surveys, etc.). Explain the methodology which will be used to collect the data (e.g., administration of assessment tool on entry and exit; retrospective chart review; etc.). Identify who is responsible for compilation of the data and how the data will be stored (e.g., database specifically designed for the study). Attach data collection instruments.

VIII. **ANALYTICAL METHODS:** Explain how the data collected will be interpreted. Describe what methods will be used to analyze data, who will complete the analysis, and how often the data will be analyzed (e.g., the QM manager will analyze data monthly through a comparison with previous months for rate of compliance and improvement). Define how frequently the results of data analyses will be reported, how the information will be reported, and to whom (e.g., the results of this analysis will be presented during monthly quality management meetings. A final written report will be distributed to management staff at the end of the study period).

IX. **REMARKS:** Provide any additional information which may be relevant to the implementation of the study. This would include any potential challenges to implementation of the study as currently envisioned (e.g., any anticipated change in facility staff or procedures which would impact on the study, etc).

INSTRUCTIONS FOR THE COMPLETION OF MEDICAL CARE EVALUATION STUDY FORMS

FORM: T/RBHA REVIEW OF FINAL RESULTS (DBHS Policy 2.56, Section E.1.e.) (Attachment 4)

FY_____: Indicate the state fiscal year for which the MCE was conducted (for example: write FY 01 if the MCE was completed for the state fiscal year covering July 1, 2000 to June 30, 2001).

FACILITY: Write the complete name of the facility for which the MCE was conducted.

PROVIDER ID #: Write the DBHS Provider ID # of the facility for which the MCE was conducted.

TITLE OF STUDY: Provide the title for the study. (Title should be the same as was used on the "Summary of MCE Methodology" form).

STUDY PERIOD: Enter the dates of the study period.

DESCRIPTION OF STUDY: Provide an overview of the study which briefly describes the purpose of the study, including any benchmarks or thresholds set, or hypotheses tested. The summary should also describe the study population, sample size, and how data was analyzed.

STUDY RESULTS: Describe the results of the study, including the conclusions drawn based upon study results. This would include the identification of any underlying factors which may help to explain variability in study results (e.g., programmatic changes). It should also identify any factors which influence fidelity with the study design or data collection (e.g., changes in facility staffing or processes which impacted the administration of MCE study) and describe their effect on the study (e.g., high turnover in intake staff during the second quarter and insufficient training on how to complete MCE forms resulted in incomplete data for ten clients in the sample.)

DISCUSSION: Provide additional information which will be helpful in understanding the study results. This would include the identification of any underlying factors which may help to explain variability in study results (e.g., changes in facility staffing or processes which impacted the administration of MCE study) and describe their effect on the study.

OPPORTUNITIES FOR QUALITY IMPROVEMENT: Provide information regarding how the subcontracted provider facility intends to use the knowledge gained from the MCE study to improve the quality of care and promote more effective and efficient use of facilities and services. Include a description of all actions to be initiated by the facility to correct or further invesitigate any problems or deficiencies discovered as a result of the MCE process, as well as all actions initiated to further improve care in the areas pertaining to the topic of study. (DBHS Policy 2.56, Section E.1.l-n.)

T/RBHA REVIEW:

Does the study report include an in-depth analysis of findings?: Certify whether the MCE study report submitted by the provider provided an in-depth analysis of findings DBHS Policy 2.56, Section E.2.d.) by checking the appropriate box. (If the "no" box is checked, the T/RBHA is expected to provide appropriate feedback to the provider, by requesting that additional analysis be completed).

Does the study report include specific information regarding how the subcontracted provider facility will use the information to improve the quality of care and promote more effective and efficient use of facilities and services?: Indicate whether the MCE study report submitted by the provider includes sufficient information regarding how the subcontracted provider facility will use the information to improve the quality of care and promote more effective and efficient use of facilities and services (DBHS Policy 2.56, Section E.1.n.) by checking the appropriate box. (If the "no" box is checked, the T/RBHA is expected to provide appropriate feedback to the provider, by requesting that additional information be supplied with regard to how the provider intends to use the information

obtained from the study to improve care).

T/RBHA MEDICAL DIRECTOR'S RECOMMENDATIONS: Provide the written comments and recommendations made by the T/RBHA Medical Director based on his/her review of the MCE study (DBHS Policy 2.56, Section E.1.i.)

MEDICAL DIRECTOR'S SIGNATURE/DATE: The T/RBHA Medical Director's comments should be signed and dated.
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[1]